

Youth Survey 2008

In order to provide the best mental health services to you, we would like to know what you think about the services you are receiving. Your answers are confidential and will be used to improve future services. **For each survey item below, please check the box that corresponds to your answer.** Please check the NA (Not Applicable) box if the question is about something you have not experienced.

The questions below refer to: (center name) _____

Today's Date _____

1. Your age (in years): _____
2. Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Your race/ethnicity? <i>Check all that apply.</i> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American/Black <input type="checkbox"/> Native American/ Alaskan Native <input type="checkbox"/> Latino <input type="checkbox"/> Asian/South/ Pacific Islander <input type="checkbox"/> Other (<i>please specify</i>) _____
4. Are you currently living with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. How long have you received mental health services from this center? ____ years ____ months
6. How did you become involved in receiving services from this center? (Check the primary reason only): <input type="checkbox"/> I decided on my own <input type="checkbox"/> I was encouraged by others <input type="checkbox"/> I was required to come

As a direct result of services received in the past 6 months:

[illegible]

Please answer the following questions, thinking about your relationships with persons other than your mental health provider:

[illegible]

Please provide feedback about the services you received:

[illegible]

33. What has been the most helpful thing about the services you received over the last 6 months?

34. What will improve services here?

If you are interested in participating in community focus group meetings regarding this survey and how it is used to improve services, please contact UPLIFT at 307-778-8686 or Toll-free at 888-875-4383. This information is also available on the Mental Health & Substance Abuse Services Website at <http://health.wyo.gov/mhsa/index.html>.

Thank You!

Please place your completed survey in the provided envelope, seal the envelope, and return it to the designated person.